

USAG-WS DOL VII  
DA285 ACCIDENT REPORT

<b>U.S. ARMY ACCIDENT REPORT</b>				<small>FOR USASC USE ONLY</small>		<b>Requirement Control Symbol CSOCS-308</b>	
<b>SECTION A - ACCIDENT INFORMATION</b>							
1. CHECK ONE <input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CHANGE		2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident)		3a. UNIT NAME AND MILITARY ADDRESS		3b. BRANCH (Armor, Infantry, etc.)	
4. DATE OF ACCIDENT a. YR.    b. MO.    c. DAY		5. TIME OF ACCIDENT (Local Military Time)		6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Day <input type="checkbox"/> b. Night		7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post	
				8. IF ON POST, NAME OF INSTALLATION/FACILITY		9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat	
10. WERE EXPLOSIVES OR AMMUNITION INVOLVED OR PRESENT? <input type="checkbox"/> Yes (See Instruction Book) <input type="checkbox"/> No		11. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) (State type of location.)					
<b>SECTION B - PERSONNEL INFORMATION</b>							
12. NAME (Last, First, MI)		13. SOCIAL SECURITY NUMBER (SSN)		14. AGE		15. SEX (Check) <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	
16. RANK OR GRADE		17. MOS OR JOB SERIES		18. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than block 3, add UIC.)		19. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input type="checkbox"/> a. On Duty <input type="checkbox"/> b. Off Duty	
20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No		21. CONTINUOUS DUTY (hrs.) (Without sleep)		22. HRS. SLEEP IN LAST 24		23. DAYS LOST (Est. no. of days lost from work; not counting day of injury. Bed rest/on quarters.)	
24. DAYS HOSPITALIZED (Est. no. of days hospitalized receiving treatment; not for observation only.)		25. DAYS OF RESTRICTED WORK ACTIVITY (Est. no. of days person cannot perform regular duties; light duty/profile.)		26. SEVERITY OF ILLNESS/INJURY (Check one) a. Fatal b. Permanent Total Disability. Person can never again do gainful work. c. Permanent Partial Disability. Person loses or can never again use a body part d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters. e. Restricted Work Activity. Person is temporarily unable to perform regular duties; light duty/profile. f. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) g. No Injury.		27. CLASSIFICATION AT TIME OF ACCIDENT (Check) a. Active Army b. Army Civilian c. Army Contractor d. Nonappropriated Fund (NAF) e. Other U.S. Military f. ROTC g. Dependent h. NGB Tech i. NGB IDT j. NGB AT k. NGB ADSW l. NGB AGR m. NGB ADT n. USAR IDT o. USAR AT p. UAR ADT q. USAR FTM r. Foreign Nat. Direct Hire s. Foreign Nat. Indirect Hire t. Foreign Nat. KATUSA u. Foreign Mil. Attached to the U.S. Army v. Public w. Not reported	
				28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Check the most serious) a. Struck Against b. Struck By c. Fell from Elevation d. Fell from Same Level e. Caught In/ Under/ Between f. Rubbed/abraded g. Bodily Reaction h. Overexertion i. Exposure j. External Contact k. Ingested l. Inhaled		29. BODY PART(S) AFFECTED (Check primary) (No more than 3) a. Body (General) b. Head c. Forehead d. Eyes e. Nose f. Jaw g. Neck h. Trunk i. Chest j. Heart k. Back l. Shoulder m. Arm n. Wrist o. Head p. Fingers q. Leg r. Knee s. Ankle t. Foot u. Toes v. OTHER (Specify)	
				30. TYPE OF INJURY/ILLNESS (Check the most serious) a. Burns (Chemical) b. Burns (Thermal) c. Amputation d. Decompression Sickness e. Asphyxiation (Suffocation) f. Fractures g. Dislocation h. Abrasions i. Concussion j. Sprain/Strain k. Cuts/Lacerations l. Contusion m. Puncture Wound n. Hernia, Rupture o. Frostbite p. Heat Stroke q. Heat Exhaustion r. Noise Injury/Illness			

DA FORM 285, JAN 92

DA FORM 285, AUG 80 AND DA FORM 285-1, AUG 80 ARE OBSOLETE

USAPPC V2.00

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SECTION B - PERSONNEL INFORMATION (Continued)

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

a. Soldiering	j. Test/Study/Experiments	s. Fabricating	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passengers	bb. Passenger
c. Physical Training	l. Information and Arts	u. Janitorial/ Housekeeping/ Grounds Keeping	cc. Human movement
d. Weapons Firing	m. Food and Drug Inspection		dd. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	v. Food/Drink Preparations	ee. Bystanding/spectating
f. Communications	o. Pest/Plant Control	w. Supervisory	ff. Personal Hygiene/Food/Drink Consumption/Sleeping
g. Security/Law Enforcement	p. Operating Vehicle or Vessel	x. Office	gg. Parachuting (See Instructions)
h. Fire Fighting	q. Handling Animal	y. Counseling/Advisory	
i. Patient Care (People/Animals)	r. Maintenance/Repair/Service	z. Sports	

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

33. ON FIELD EXERCISE (Check one)

- ☐ a. Yes (If YES, specify name of exercise.)  
☐ b. No

34. ACTIVITY PART OF TACTICAL TRAINING? (Check one)

- ☐ a. Yes  
☐ b. No

35. Type of training facility being used (Check one)

- |                        |          |                                  |
|------------------------|----------|----------------------------------|
| a. Garrison            | d. NTC   | g. Std. range facility/live fire |
| b. Local training area | e. JRTC  | h. Other (Specify)               |
| c. Major training area | f. CMTTC |                                  |

36. Type of training participating in at the time of accident (Check/specify)

- a. School (Specify)  
b. UNIT → (1) Platoon (2) Crew (3) Individual  
c. On-the-job training d. Other (Specify)

37. Last time individual received training prior to accident on activity specified in block 31? (Check one)

- |                  |                      |
|------------------|----------------------|
| a. 0 - 3 months  | e. 1 - 2 years       |
| b. 3 - 6 months  | f. More than 2 years |
| c. 6 - 9 months  | g. Never             |
| d. 9 - 12 months | h. Not applicable    |

38. Required protective equipment

CHECK APPROPRIATE BLOCK(S)	AVAILABLE?		USED?		N/A
	YES	NO	YES	NO	
a. Seat belt					
b. Helmet					
c. Goggles/glasses					
d. Gloves					
e. Ear plugs					
f. Other (Specify)					

39. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? (Check one)

- ☐ a. Yes ☐ b. No ☐ c. N/A

40. DID ALCOHOL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one)

- ☐ a. Yes ☐ b. No ☐ c. Unknown

41. If drugs caused/contributed to this accident, check appropriate block.

- a. Prescription  
b. Illegal  
c. Over-the-counter  
d. None

42. Were vision enhancement devices being used? (Check appropriate block.)

- a. Yes (Specify type/model in c and d.)  
b. No  
c. TYPE d. MODEL

43. Standard/Reference covering activity/task

- a. Soldier's Manual (Task No.)  
b. CTT (Task No.)  
c. AR/TM/FM (Specify)  
d. SOP e. None (Go to block 45.)

44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)

- ☐ a. Yes ☐ b. No (If NO, complete blocks 46-47.)

45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)

- ☐ a. Yes (If YES, complete blocks 46-47.) ☐ b. No

46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)

47. Why was mistake made/activity performed incorrectly? (Check the most important reason and specify in Block 63.)

- |  |                             |  |
|--|-----------------------------|--|
| a. Inadequate school training (content/amount)     | f. In a hurry               | k. Inadequate services                         |
| b. Inadequate unit training (content/amount)       | g. Poor/bad attitude        | l. Improper equipment design                   |
| c. Inadequate on-the-job training (content/amount) | h. Lack of rest/sleep       | m. Inadequate written procedures (AR, TM, SOP) |
| d. Fear/excitement                                 | i. Effects of alcohol/drugs | n. Improper supervision                        |
| e. Overconfident in own/others abilities           | j. Inadequate facilities    | o. Other (Specify in narrative)                |

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SECTION B - PERSONNEL INFORMATION (Continued)									
48. Time licensed on this vehicle (Check one)			49. Total AMV driving mileage (Check one)			50. Total time in unit (Check one)			
a. Less than one year			a. Less than 1,000 miles			a. Less than 6 months			
b. One to two years			b. 1,000 - 5,000 miles			b. 6 months - 1 year			
c. Over two years			c. 5,000 - 10,000 miles			c. Over one year			
d. Unlicensed			d. Over 10,000 miles						
51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in block 12 to the equipment/vehicle below.)									
<input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other (Specify)									
SECTION C - PROPERTY/MATERIAL INVOLVED (Whether Damaged or Not)									
			ITEM A		ITEM B		ITEM C		
52. Type of item									
53. Model number									
54. Ownership (DOD, DA, POV, Unit Person)									
55. Dollar cost of damage.									
56. Rollover protection system installed?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
57. Was this item being towed?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
58. If towed, enter letter for item doing towing.									
59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)									
<b>Types of Collisions</b> 1- Going forward and collided with moving vehicle      7- Ran off the road 2- Going forward and collided with parked vehicle      8- Jackknifed 3- Collision while backing      9- Going forward and rear-ended moving vehicle 4- Collision with pedestrian      10- Going forward and rear-ended parked vehicle 5- Collision with object (other than vehicle/pedestrian)      11- Collision while turning 6- Overturned      12- Other (Specify)									
60. Component/Part that Failed/Malfunctioned (Complete this section if a materiel failure/malfunction caused/contributed to the accident.)									
			ITEM A		ITEM B		ITEM C		
a. National Stock Number									
b. Part Number									
c. Describe Part									
d. Manufacturer's Identification Code									
e. EIR/QDR Number									
61. How/Why Part Malfunctioned (Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)			HOW	WHY	HOW	WHY	HOW	WHY	
<b>How Part Failed/Malfunctioned Codes</b> 1- Overheated/burned/melted      9- Twisted/torqued 2- Froze (temperature)      10- Compressed/hit/punctured 3- Obstructed/pinched/clogged      11- Bent/warped 4- Vibrated      12- Sheared/cut 5- Rubbed/worn/frayed      13- Decayed/decomposed 6- Corroded/rusted/pitted      14- Electric current action 7- Overpressured/burst      15- Unknown/Other 8- Pulled/stretched      Blank- Not Reported			<b>Why Part Failed/Malfunctioned Codes</b> 1- Improper equipment design 2- Inadequate maintenance 3- Inadequate manufacture of equipment 4- Inadequate written procedures (AR, TM, SOP) 5- Improper supervision 6- Unknown 7- Other (Specify in narrative)						

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SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED

62. Environmental conditions. (Check environmental conditions present and indicate if condition caused/contributed to the accident.)

PRESENT	CAUSED/ CONTRIBUTED	CONDITION	PRESENT	CAUSED/ CONTRIBUTED	CONDITION
		a. Clear/dry; visibility unlimited			k. Wind gust/turbulence
		b. Bright, glare			l. Vibrate, shimmy, sway, shake
		c. Dark, dim			m. Radiation, laser, sunlight
		d. Fog, condensation, frost			n. Holes, rocky rough, rutted, uneven
		e. Mist, rain, sleet, hail			o. Inclined/steep
		f. Snow, ice			p. Slippery (not due to precipitation)
		g. Dust, fumes, gasses, smoke, vapors			q. Air pressure (bends, decompression, altitude, hypoxia)
		h. Noise, bang, static			r. Lightning, static electricity, ground
		i. Temperature/humidity (cold, heat)			s. OTHER (Specify)
		j. Storm, hurricane, tornado			

SECTION E - ACCIDENT DESCRIPTION/NARRATIVE (From blocks 10, 47)

63. GIVE THE SEQUENCE OF EVENTS THAT AMPLIFY/EXPLAIN WHAT HAPPENED, LEADING UP TO AND INCLUDING THE ACCIDENT. (Explain why accident happened.)

64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT		64b. RANK	64c. TITLE
64d. SIGNATURE		64e. DATE OF SIGNATURE (YY/MM/DD)	64f. TELEPHONE NO.

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SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW			
65. DESCRIBE THE ACTIONS TAKEN, PLANNED, OR RECOMMENDED TO ELIMINATE THE CAUSE(S) OF THIS ACCIDENT (from unit level up to HQDA).			
66a. PRINTED/TYPED NAME OF COMMANDER			66b. RANK
66c. SIGNATURE		66d. DATE OF SIGNATURE (YY/MM/DD)	66e. TELEPHONE NO.
67.	a. TYPED NAME	b. SIGNATURE	c. TITLE
68.			d. RANK/DATE
69.			
SECTION G - SAFETY OFFICE USE ONLY			
70. LOCAL REPORT NO.		71. MACOM	
72. Accident type (Check choice)			
a. Army Motor Vehicle	h. Other Army Vehicle	o. Personal Injury - Other	
b. Army Combat Vehicle	i. Fire	p. Property Damage - Other	
c. Army Operated Vehicle	j. Chemical Agent	q. POV - On Official Business	
d. POV - Not on Official Business	k. Explosive	r. Space	
e. Marine Diving	l. Missile	s. Commercial Carrier/Transportation	
f. Marine Underway	m. Radiation		
g. Marine Not Underway	n. Nuclear		
73. NAME OF SAFETY POINT OF CONTACT (POC)		74. PHONE NO. OF SAFETY OFFICE POC (AUTOVON, Commercial, Etc.)	75. DATE REPORT COMPLETED BY SAFETY OFFICE (YY/MM/DD)
SECTION H - SPECIAL INTEREST AND/OR SUPPLEMENTAL INFORMATION			
76.			
77.			
78.			
79.			

# USAG-WS DOL VII DA285 ACCIDENT REPORT U.S. ARMY ACCIDENT REPORT Instructions

**General.** The unit having the accident must investigate it and complete this report. Complete the shaded portions **only** for: Military off-duty, non-fatal accidents; and military on-duty accidents resulting in less than 20 lost workdays. Accidents involving 20 or more lost workdays and/or total property damage of \$2,000 or more will require completion of the entire report. Type or legibly print the report. Items may be continued on a blank sheet of paper and attached to the report. Items listed below are keyed to the block numbers of DA Form 285, May 91. Items not listed here are self explanatory. Specific questions concerning this form should be referred to the local safety office.

## SECTION A - Accident Information

**Note:** This section should be completed for the initial report and for any changes to a previously submitted report.

1. Check "INITIAL" if this is the first report on the accident. Check "CHANGE" if this report is a change to a previously submitted report of the accident.
2. Enter the 6-digit Unit Identification Code (UIC) for the unit responsible for the accident (e.g., WXXXXX).
3. Provide military unit information for the unit listed in Block 2.
  - a. Full military address (e.g., C Troop, 1/17 Cavalry, Ft. Bragg, NC 12345-6789).
  - b. Provide the unit branch (e.g., Armor, Infantry, Transportation).
4. Enter the year, month, and day of the accident (e.g., 90 11 07 [7 November 1990]).
5. Enter the military time the accident occurred (e.g., 0815, 2300).
7. Check either item a or b, depending on the location of the accident.
8. If item a is checked, state name of post or installation (e.g., Ft. Bragg, NC; Federal Center, Atlanta, GA; Ft. Hood, TX; Shaw AFB, SC).
9. Check item a if accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater.
10. Check "Yes" if explosives (C-4, TNT), ammunition, or pyrotechnics were involved and explain in Block 63 its involvement and specify the National Stock Number (NSN).
11. Give enough detail to find the exact location of the accident (e.g., building number, street or highway name, state and/or country). Also state the type of location (e.g., road intersection, tank trail, family housing, firing range).

## SECTION B - Personnel Information

**Note:** Complete this section for each individual involved and/or injured in the accident. "Involved" means any person who was injured, or who took actions, or made decisions which caused or contributed to the accident. If more than one person was involved, enter information on one person on the initial form and complete only Sections A and B on additional forms for others. Staple all forms together.

16. Enter individual's rank/grade (e.g., E5/SGT, O3/CPT, GS-11, WG-8). Complete for all Government personnel.
17. Enter individual's full MOS/Job Series (e.g., 54E20, 11B40, GS-301).
18. Provide individual's full **Military** address for all Government personnel. If this address is not the same as that in Block 3a, provide the unit UIC.
21. State how many continuous hours without sleep this individual was on-duty prior to the accident.

22. Indicate how many hours of continuous sleep this individual had in the past 24 hours.
23. State the estimated number of days this individual will be away from work (totally unable to perform any work, bed rest/on quarters). Does not include days hospitalized.
24. State the estimated (or actual) number of days this individual is hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for "observation only" are not reported.

25. State the estimated number of days this individual will not be able to perform his or her regular duties (light duty, profile).

26. Check appropriate block. If more than one applies, check the most severe.

28. For this individual's "most severe injury", check the appropriate block(s) (no more than 3) that indicate the cause of the injury.

29. Number the body part(s) most seriously injured (no more than 3) in their order of priority (the most serious first). Be as specific as possible.

30. For each body part numbered in block 29, place a corresponding number to indicate the type of injury received (select only the most serious).

31. Check the appropriate block that best describes the individual's action at the time of the accident. If Block 31gg is checked, complete Blocks 76 and 77 of Section H, as indicated by these instructions.

32. Provide a short but detailed explanation of the item checked in Block 31.

**Note:** For this report, the following definitions apply:

**Tactical Training** - Training in a field environment that uses or develops combat or combat support skills.

**Field Exercise and Tactical Training** - This begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

33. Check "Yes" if activity listed in Block 31 was part of a field exercise. State name of exercise if it has a name (e.g., Team Spirit, Reforger).

42. If vision enhancement device(s) were used, specify type and model numbers, and whether they caused the accident (e.g., Night Vision Goggles, AN-PVS5A).

43. Provide standard or reference (Soldier's Manual, AR, TM, etc.), if it exists, that covers performance of the activity identified in Block 31.

46. Provide a simple explanation of the mistake(s) or how the activity or task was performed incorrectly (e.g., SGT Smith improperly backed his M915 truck without a ground guide).

47. In your opinion, why was the mistake made or the activity performed incorrectly? Check the most important reason.

51. Check the block corresponding to the piece of equipment associated with the person in Block 12 (e.g., SGT Adams was driving the "at-fault" HMMWV; his name will be in Block 12, and his vehicle will be item a in Section C below).

## SECTION C - Property/Material Involved

Complete Blocks 52-59 on each piece of property or item of equipment involved in the accident (whether damaged or not). Include Army and non-Army, as well as equipment whose use or misuse contributed to the accident. Include up to 3 items of equipment on the initial form. Use additional blank sheets of paper for other equipment if necessary, continuing letter sequence (e.g., A, B, C, D, and E).

52. Type of equipment (e.g., sedan, truck, generator).

53. Full military equipment model number or civilian make (e.g., M109A2, M60A2, Ford Taurus, M16 Rifle).

55. Estimated cost of damage (ECOD) or actual cost of damage (ACOD) for each piece of property, which includes costs of parts and labor.

57. Indicate if this specific item was being towed at the time of the accident.

58. If Block 57 is "yes", indicate which item was doing the towing.

60. Complete for each component or part whose failure or malfunction contributed to the accident. Include the EIR/QDR number in Block 60e.

61. Indicate how and why each component or part failed or malfunctioned by selecting from the lists provided and entering the appropriate number in the blocks provided.

## SECTION D - Environmental Conditions Involved

62. Check the environmental conditions present at the time of the accident (no more than 3) by checking appropriate blocks, whether contributing to the accident or not. Also check whether they caused or contributed to the accident.

## SECTION E - Accident Description/Narrative

63. Fully describe the sequence of events that lead up to and caused the accident. Explain how and why the accident occurred. Also include information required from Blocks 10 and 47.

## SECTION F - Corrective Action and Command Review

**Note:** The level of command review (Company, Battalion, Division, etc.) is determined by either the major Army command (MACOM) or installation policy.

65. Fully describe all actions taken, planned, or recommended to eliminate the cause(s) of this accident. Actions should be identified as appropriate at unit level, and all the way up to HQDA level.

## SECTION G - SAFETY OFFICE USE ONLY

71. MACOM responsible for this accident (FORSCOM, TRADOC, etc.).

## SECTION H - Special Interest/Supplemental Information

This section is for use by the U.S. Army Safety Center, MACOMs, or interested safety offices to obtain additional "Special Interest/Supplemental Information" on this accident as needed (e.g., M1 tank fires, tactical parachute accidents, etc.). Blocks 76 and 77 have been designated for collection of supplemental information on parachuting accidents.

Blocks 76 and 77. If Block 31gg was checked, provide the following supplemental information for each individual:

- a. Name of jumper;
- b. Jumper height;
- c. Jumper weight;
- d. Type of jump (static line, non-tactical; static line, mass technical; freefall, non-tactical; freefall, tactical);
- e. Type of parachute and model;
- f. Jumper's equipment (list);
- g. Weight of equipment;
- h. Wind direction and speed at
  - (1) Jump height;
  - (2) Drop zone;
- i. Jump altitude;
- j. Jumper's position in stick and door
 

exited;
- k. Time pre-jump conducted;
- l. Date of last jump and type of jump;
- m. Number of previous jumps;
- n. Date graduated from basic airborne training (year and month);
- o. Type of aircraft;
- p. Accident cause(s): Improper exit, static line injury, broken static line, parachute malfunction, entanglement, lost or stolen air, oscillation, unstable position, dragged on DZ, tree landing, drop zone hazard (specify), or other.